

NOTICE OF INTENT TO SUBMIT A STATEMENT OF QUALIFICATION

If you intend to submit a statement of qualification for **WORKERS' COMPENSATION INSURANCE RFP No.: 2015-16-17** with the City of Weslaco as outlined in the specifications, please indicate your intention by signing, dating, and returning this form so that you may receive any addendums to the specifications should the need arise.

**Homer Rhodes
Purchasing Agent
City of Weslaco
Purchasing Department
255 S. Kansas
Weslaco, Texas 78596
Phone: (956) 447-2240
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hrhodes@weslacotx.gov**

Name: _____ (print)	Signature: _____
Title: _____	Company/Agency: _____
Mailing Address: _____	City/State/Zip: _____
Phone: _____	Fax: _____
Email: _____	